

VARIABLE ON STRESS PERCEIVED AND ASSOCIATION BETWEEN CARETAKERS AND COPING STRATEGIES OF CARETAKERS ATTENDING TO CHILDREN WITH CARDIAC PROBLEMS

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ABSTRACT

*The present study makes an attempt to understand the Variable on stress perceived and Association between Caretakers and Coping Strategies of Caretakers Attending to Children with Cardiac Problems. Caretakers who were ready and willing to extend their cooperation for in depth interview were selected as population for the study. Thus a total number of 60 caretakers were selected purposively for conducting the present study. The results revealed that caretakers used both available and non available coping styles. It reflected that, based on stress perceived caretakers under available coping strategies the level of significance is 0.84183**,0.90197**,0.84766**,0.75168** indulging in Formal Thinking, Judging Quality In Positive Mode, Instruction and Cooperation, Solution of issue and under non available coping strategies the level of significance is 0.67579**,0.65347**,0.63506** indulging in Perception Avoidance, Valid, Involvement in other activities, Instinct discharge adopted by the caretakers attending to children with cardiac problems.*

KEYWORDS: Stress perceived, Caretakers, Coping Strategies & Cardiac Problems

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INTRODUCTION

Torowicz *et al.* (2010) found that, infant temperament also plays a role in the experience of high levels of stress: the demands of parenting an irritable infant with Congenital anomalies put mothers at risk for high levels of stress.

Egeleret *al.* (2009) conducted a study of parents of children who underwent surgery more than 3 years ago reported lower scores on all measures than parents of children who underwent surgery less than 3 years ago. Perceived vulnerability was found to be a predictor for parental disease-related stress.) General distress scores in parents of children who underwent stem cell transplantation were comparable with the reference group, while perceived vulnerability did diminish over time but remained high in the years after treatment.

Brosiget *al.* (2007) showed that the level of parental stress was positively correlated with parental perception of the total impact of the illness on the family and personal strain.

Spijkerboeret *al.* (2007) supports the idea of the experience of lessened distress. In his study, he found that, parents of children treated for congenital heart disease showed lower levels of distress in comparison with norm

groups.

Majnemeret *et al.* (2006) the frequent hospital visits and the uncertain outcome are only some of the many potential stressors. Once the child is at home, they may have to perform special care giving tasks such as nasogastric tube feeding, enterostomy care and giving medication. As a consequence, parents of children with CA are expected to be at risk for experiencing excessive stress.

RESEARCH METHODS

60 parents were selected who provide proper association and a bond for the present study. The study concentrates to different options to the parents who have below 15 year old children.

RESEARCH FINDINGS AND DISCUSSIONS

Parents who provide proper cooperation and bond had been selected for the present study that is “Variable on stress perceived and Association between Caretakers and Coping Strategies of Caretakers Attending to Children with Cardiac Problems”. Thus a total 60 caretakers were selected purposefully for conducting the present study.

Description of the Cardiac Problems

- Cardiac illness is the most acute pressure, which any family may experience and it also creates a potential threat equally to both the victim and the caretaker.
- For the patient, the threat involves painful medical procedures, surgeries, and its side effects, and frequent hospitalization.

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Available coping		Non Available coping	
Caretakers Variable: stress perceived			
Formal Thinking	0.84183**	Perception avoidance	0.16817
Judging quality in positive mode	0.90197**	Valid	0.67579*
Instruction and cooperation	0.84766**	Involvement in other activities	0.65347*
Solution of issue	0.75168**	Instinct discharge	0.63506*

P*0.05; level of significance; P**0.01 level of significance

r tab value at 5% level of significance = 0.2500; r tab value at 1% level of significance = 0.3248

The above table presents the variable on stress perceived and association between caretaker and coping strategies of caretakers attending to children with cardiac problems. Out of the eight coping responses, the first four represents “Available coping” and the remaining four comes under “Non available coping”.

Under Available coping, the first area is logical formal thinking, which deals with handling the situation objectively, finding some personal meaning to the situation. In this area, the level of significance is 0.84183** formal thinking in coping with the situation.

The second area under “Available coping” is judging quality in positive mode, which includes caretaker’s ability to see the good side of the situation and how the event could change one’s life in a positive way. In this area, the level of

significance is **0.90197****judging quality in positive mode in coping with the situation.

The third area under “Available coping” is instruction and cooperation, which involves seeking support from relations, talking to a closed person about the problem and praying for instruction and cooperation. In this area, the level of significance is **0.84766**** parents sought instruction and cooperation.

The fourth area under “Available coping” is solution of the issue, which involves a plan of action, using alternate ways of solving problems and trying out new ways of confronting the problem. In this area, the level of significance is **0.75168****used to solving the solution of issue strategies.

Under “Non available coping”, the first area is Perception avoidance i.e., ignoring the situation, refusal, hallucination, and expecting that problems would go run on their own. In this area, level of significance is 0.16817 used Perception avoidance.

The second area under “Non available coping” is valid, i.e., validating the situation with all its intensity, realizing that one has no control over the problem and believing that the outcome would be decided by fate. In this area, the level of significance is 0.67579**.

The third area under “Non available coping” is involvement in other activities i.e., approaching new activities, finding new kinships and involving in more pleasure activities. In this area, the level of significance is 0.65347**.

The fourth area under Non available coping is instinct discharge, which involves screaming or expression of strong emotion, showing the irritation of role capacity on others and maintaining distance from people in general. In this area, the level of significance is 0.63506** used non available coping instinct discharge technique.

CONCLUSIONS

The data collected with respect to the variable on stress perceived and association between caretaker and coping strategies of caretakers attending to children with cardiac problems revealed that caretakers used both available and non available coping styles. It reflected that, based on stress perceived caretakers under “available coping” strategies the level of significance is **0.84183****,**0.90197****,**0.84766****,**0.75168**** indulging in logical analysis strategy, Positive appraisal, Guidance and support, Problem solving and under “non available coping strategies”, the level of significance is **0.67579****,**0.65347****,**0.63506**** indulging in acceptance, alternate rewards, emotional discharge adopted by the primary caretakers attending to children with cardiac problems.

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